

## DOD REQUEST FOR PERSONNEL SECURITY INVESTIGATION

Form Approved  
OMB No. 0704-0384  
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0384), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS IN ITEM 15.

1. CODE		2. REQUESTER FILE NUMBER (Optional)		3. DATE OF REQUEST (MM/DD/YYYY)		4. THIS REQUEST IS FOR (X one)	
						a. SINGLE SCOPE BACKGROUND INVESTIGATION (SSBI)	
5a. FROM		5b. TO				b. PERIODIC REINVESTIGATION (PR)	
						c. SPECIAL INVESTIGATIVE INQUIRY (SII)	
						d. EXPANDED NATIONAL AGENCY CHECK (ENAC)	
						e. OTHER (Specify in Remarks)	
6. DO YOU DESIRE ADVANCE NOTICE OF NAC RESULTS (X one)				YES	NO	7. STATUS (X as applicable)	
						a. ACCESS TO CLASSIFIED MATERIAL (X one)	
8. SUBJECT OF INVESTIGATION						CONFIDENTIAL	
						SECRET	
a. NAME (LAST, First, Middle Name) (Last name in ALL CAPITALS)				b. SOCIAL SECURITY NUMBER		TOP SECRET	
						b. CRITICAL NUCLEAR WEAPON POSITION	
						c. LIMITED ACCESS AUTHORIZATION (LAA)	
c. MAIDEN NAME						d. SENSITIVE COMPARTMENTED INFORMATION (SCI)	
d. OTHER NAMES USED OR KNOWN BY						e. SIOP-ESI	
						f. PRESIDENTIAL SUPPORT	
						g. CRITICAL SENSITIVE POSITION/DUTIES	
						h. ADP-1	
e. DATE OF BIRTH (MM/DD/YYYY)		f. PLACE OF BIRTH (City, County, State and Country)		g. SEX		i. NATO ASSIGNMENT	
						j. CRYPTO/COMSEC	
						k. SPECIAL ACCESS PROGRAM (SAP)	
9. U.S. CITIZENSHIP VERIFIED (X one)		a. YES	c. VERIFICATION DOCUMENT REVIEWED				l. OODEP
		b. NO					m. OTHER (Explain in Remarks)
10. LOCAL FILES VERIFICATION/PRE-SCREENING INTERVIEW						11. PRIOR INVESTIGATION (X a, b, or c)	
TYPE (X as applicable) a.		DATE REVIEWED CONDUCTED (MM/DD/YYYY) b.	FILES VERIFICATION - UNFAVORABLE INFORMATION REVEALED (X one) c.				
			YES NO				
(1) PERSONNEL							
(2) SECURITY							
(3) MEDICAL							
(4) BASE/MILITARY POLICE							
(5) AUTHORIZED PRE-SCREENING INTERVIEW							
(6) OTHER							
						b. NO	c. UNKNOWN
12. TITLE OR POSITION OF SUBJECT (If military, list rank and service; if U.S. Government employee, list grade; and if contractor employee, list job title.)						13. TS BILLET NUMBER	
14. ENCLOSURES (Please list. Use continuation sheets, if necessary.)							
15. RETURN RESULTS TO: (Read instructions before completing this item.)							
FOR DSS USE ONLY							
CCN (Case Control Number) (1 - 15)						DSS CLOSING STAMP	
(16 - 22)							
PB (72 - 73)			PC (74 - 75)				
SV (76)			CR (77 - 78)				
Investigations conducted on Army, Navy, and Air Force military personnel will be returned only to the parent service for adjudication regardless of the source of the original request.						COMPLETED	
R		A		I		N	
						DATE COMPLETED	

**FOR OFFICIAL USE ONLY** *(When filled in)*

**16. REASON ACCESS TO CLASSIFIED INFORMATION OR INVESTIGATION IS REQUIRED** *(Provide description of duties warranting access/investigation. Contractors must list contract number.)*

**17. HISTORY OF GOVERNMENT EMPLOYMENT AND/OR CURRENT MILITARY SERVICE INDICATED ON ATTACHED SF 85P/SF86 IS** *(X one)*

<input type="checkbox"/> a. CORRECT	<input type="checkbox"/> b. PARTIALLY CORRECT <i>(Explain in Remarks)</i>	<input type="checkbox"/> c. COULD NOT BE VERIFIED <i>(Explain in Remarks)</i>
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**18. REMARKS** *(Use continuation sheet(s), if necessary.)*

**19. INVESTIGATION VALIDITY CERTIFICATION**

I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.

a. TYPED NAME OF CERTIFIER <i>(Last, First, Middle Name)</i>	b. TITLE OF CERTIFIER	
c. SIGNATURE OF CERTIFIER	d. DATE SIGNED BY CERTIFIER <i>(MM/DD/YYYY)</i>	e. TELEPHONE NUMBER <i>(Include Area Code)</i>

**20. EMPLOYEE'S IMMEDIATE SUPERVISOR'S CERTIFICATION**

<input type="checkbox"/>	I am aware of adverse information concerning the individual named on the front of this form.
<input type="checkbox"/>	I am not aware of any adverse information concerning the individual named on the front of this form.

*If you are aware of adverse information, you must reflect that information in the space below. Use continuation sheets, if necessary. Complete items 20.a. through 20.f.*

a. ADVERSE INFORMATION <i>(If none, indicate "None.")</i>		
b. IMMEDIATE SUPERVISOR <i>(Last, First, Middle Name)</i>	c. TITLE	
d. SIGNATURE	e. DATE SIGNED <i>(MM/DD/YYYY)</i>	f. TELEPHONE NUMBER <i>(Include Area Code)</i>

## GENERAL INSTRUCTIONS

1. DD Form 1879 is used to request a Single Scope Background Investigation (SSBI), Expanded NAC (ENAC) and Additional Investigation, Periodic Reinvestigation (PR), Special Investigative Inquiry (SI). Its use is restricted to actions involving individuals and it will not be used to request investigations of incidents, events or organizations.

2. The following documents must accompany each request for investigation on military, civilian, and contractor personnel.

- **Standard Form 85P**, "Questionnaire for Public Trust Positions," is to be used by all Federal agencies as the basis for investigations concerning suitability for positions requiring special public trust where such positions do not involve access to national security information.

- **Standard Form 86**, "Questionnaire for National Security Positions," is to be used by all Federal agencies as the basis for investigations preliminary to granting an individual access to classified national security information or access to sensitive nuclear information or materials.

- **FD Form 258**, "Fingerprint Card." Submit one signed copy.

3. The original and two copies of DD Form 1879 will be forwarded to the Defense Security Service (DSS) or the Defense Industrial Security Clearance Office (DISCO). See Detailed Instructions below.

4. The Detailed Instructions for completing Items 1, 4 through 6, 10 through 17, and 19 are different depending on whether the subject is military personnel, U.S. Government employee, or contractor personnel.

5. If the Electronic DD Form 1879 is utilized, the requester must sign the electronically generated DD Form 1879 and retain until the clearance processing is complete. The signed DD Form 1879 shall be released to DSS upon request.

## DETAILED INSTRUCTIONS

## 1. CODE.

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Enter the Unit Identification Code (UIC) or Personnel Accounting System (PAS) code.

**CONTRACTOR EMPLOYEES.** Enter the Commercial and Government Entity (CAGE) code for current employment.

2. **REQUESTER FILE NUMBER.** To be used by the requester for internal filing system. This item is optional.

3. **DATE OF REQUEST.** Date you dispatched the request form. Enter date in MM/DD/YYYY format. October 30, 2000 would be 10/30/2000.

## 4. THIS REQUEST IS FOR.

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Mark only one block. Requesters requiring additional investigation will mark block 4.e. and indicate "Added Coverage" in Remarks.

**CONTRACTOR EMPLOYEES.** Mark only one block (a., b., c., or d.). Do NOT mark block e.

## 5. ADDRESSES.

## a. FROM.

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Enter name and address (including ZIP Code) of the headquarters, unit, or activity submitting the request for investigation.

**CONTRACTOR EMPLOYEES.** Enter your facility's name and address (including ZIP Code).

## b. TO.

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Send DD Form 1879 and enclosures to:

Defense Security Service  
P.O. Box 18585  
Baltimore, Maryland 21240-8585

**CONTRACTOR EMPLOYEES.** This block MUST be left blank. The DD Form 1879 and enclosures must be sent to:

Defense Security Service  
Defense Industrial Security Clearance Office  
P.O. Box 2499  
Columbus, Ohio 43216-5006

**NOTE:** This address must not be entered into block 5.b.

## 6. DO YOU DESIRE ADVANCE NOTICE OF NAC RESULTS?

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** If advance notice of the NAC results is desired prior to the completion of the investigation, mark "Yes."

**CONTRACTOR EMPLOYEES.** This item MUST be left blank.

## 7. STATUS.

a. **ACCESS TO CLASSIFIED MATERIAL.** Place an "X" beside the highest level of classified material to which the subject of the investigation will have access.

## b. through m.

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Mark the appropriate block indicating the reason for investigation. If there are any unusual circumstances involving the request, indicate this information in Item 18. If block 7.m. is marked, outline in Item 18 the exact reason for the investigation.

Do not use the same DD Form 1879 to request additional investigation on a subject after DSS has completed his/her case. If investigative results are inadequate, provide a new DD Form 1879 and specifically state in Item 18 what investigation you want and substantiate the need for it. Information on the new DD Form 1879 must be accurately transferred from the old DD Form 1879.

**CONTRACTOR EMPLOYEES.** If request is for an OODEP, mark block 7.l. and indicate "OODEP" in Item 18. If request is for Special Access, mark block 7.k. and indicate "Special Access" and the program name (if unclassified) in Item 18.

## 8. SUBJECT OF INVESTIGATION.

a. **NAME.** Enter the subject's name in the following order: LAST name, first name, middle name. The LAST name will appear in all CAPITAL letters.

b. **SOCIAL SECURITY NUMBER.** Enter subject's Social Security Number.

c. **MAIDEN NAME.** List maiden name, if applicable. Enter name as shown below:

Nee - GUNTER, Amy Elizabeth

d. **OTHER NAMES USED OR KNOWN BY.** List all other names used or known by. Each name entered will be identified as to type, e.g.:

Also Known As (AKA) - HAHN, Joseph A., Mrs.

Alias - GLADHILL, Christine

e. **DATE OF BIRTH.** Enter subject's birth date in MM/DD/YYYY format, e.g., March 13, 1948 would be 03/13/1948.

f. **PLACE OF BIRTH.** Enter city, county, and state (or country if not U.S.). Do not abbreviate City or Country.

9. **U.S. CITIZENSHIP VERIFIED.** If "Yes" is marked, indicate in block 9.c. which document from the below list was reviewed for verification. If U.S. Citizenship was verified in a previous investigation, mark "Yes" and explain in 9.c. that citizenship has been previously verified. If Naturalization Certificate was reviewed, list, in block 9.c., the certificate number. If "No" is marked, explain in Item 18 why citizenship was not verified.

- Birth Certificate
- Naturalization Certificate
- Citizenship Certificate
- Passport
- Report of Birth Abroad of a U.S. Citizen

## DETAILED INSTRUCTIONS (Continued)

**10. LOCAL FILES VERIFICATION/PRE-SCREENING INTERVIEW.**

Include a review of appropriate indices and files maintained by or for the military or employing agency/activity concerning its personnel. Examples are organization, management, and supervisor files; personnel, disciplinary, performance and counseling files; medical files; special security and special program files; security, law enforcement and intelligence indices or files (excluding state and local civilian law enforcement agencies); and legal and legal assistance files (excluding statutorily restricted information). Included are files, forms or records executed by persons having knowledge of the individual being considered for a personnel security investigation. Local files include files maintained by other elements of a corporation or its parent company in support of the employing entity.

**a. TYPE.**

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** The review of local files will be indicated by marks in the appropriate blocks. If a particular record was not reviewed, indicate, in Item 18, the reason why and state where the record is located. Complete block (5) if an Authorized Pre-Screening Interview was conducted; if not conducted when appropriate, indicate the reason in Item 18. Complete block (6) if other records are reviewed that do not fall into categories (1) through (5).

**CONTRACTOR EMPLOYEES.** Mark blocks (1), (2), and (6), if appropriate. Also, mark block (3) if the information is available to you; if not, so indicate. Do not mark blocks (4) or (5).

**b. DATE REVIEWED/CONDUCTED.** Enter date review was completed for each record and, if applicable, date Pre-Screening Interview was conducted.

**c. FILES VERIFICATION - UNFAVORABLE INFORMATION REVEALED.**

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Mark as applicable for each type of record and/or Pre-Screening Interview. If unfavorable information is developed, provide pertinent details in Item 18.

**CONTRACTOR EMPLOYEES.** Mark as applicable for each type of record. If unfavorable information is developed, provide pertinent details in Item 18.

**11. PRIOR INVESTIGATION.**

**MILITARY/U.S. GOVERNMENT EMPLOYEES, AND CONTRACTOR EMPLOYEES.** If "Yes," be sure that the type of investigation, date, who conducted the investigation, and the file number are listed.

**12. TITLE OR POSITION OF SUBJECT.**

**MILITARY OR U.S. GOVERNMENT EMPLOYEES.** If military service member, list rank, service and write in "Military Applicant." If U.S. Government Employee, list grade and write in "U.S. Government Applicant."

**CONTRACTOR EMPLOYEES.** List job title.

**13. TS BILLET NUMBER.**

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** If request is for a Top Secret clearance, list the Billet Number if such a system has been implemented.

**CONTRACTOR EMPLOYEES.** This item should be left blank.

**14. ENCLOSURES.** List and identify all enclosures attached to this form (i.e., SF 85P, SF 86, FD Form 258, copies of local files verification, results of Pre-Screening Interview, etc.).

**15. RETURN RESULTS TO.**

**MILITARY PERSONNEL.** Enter the name of the parent military service which will adjudicate the investigation. NOTE: Investigations conducted on military personnel, who are assigned to a DoD Component, will be returned only to the Subject's parent military service for adjudication, regardless of the Component making the original request. The adjudicating facility will then be responsible for expeditiously transmitting the results of the clearance determination to the Component who requested the investigation.

**U.S. GOVERNMENT EMPLOYEES.** Enter the name of the organization and mailing address that the investigation should be sent to upon completion.

**CONTRACTOR EMPLOYEES.** This item MUST be left blank.

**16. REASON ACCESS TO CLASSIFIED INFORMATION OR INVESTIGATION IS REQUIRED.**

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** List unclassified description of duties which warrant access to classified information or which warrant the investigation.

**CONTRACTOR EMPLOYEES.** List unclassified description of duties which warrant access to classified information or which warrant the investigation. Also, the applicable contract number MUST be listed.

**17. HISTORY OF GOVERNMENT EMPLOYMENT AND/OR CURRENT MILITARY SERVICE INDICATED ON ATTACHED SF 85P/SF 86 IS:**

**MILITARY/U.S. GOVERNMENT EMPLOYEES.** Complete as appropriate. If block 17.b. or 17.c. is marked, provide explanation in Item 18.

**CONTRACTOR EMPLOYEES.** This item MUST be left blank.

**18. REMARKS.** Enter information necessary to clarify entries in other items and to list additional information when there is insufficient space. This item may be continued on plain bond paper with a heading containing subject's name, Social Security Number, and the notation "Continuation Sheet - 1879."

**19. INVESTIGATION VALIDITY CERTIFICATION.**

**a. TYPED NAME OF CERTIFIER.** Type full name of individual certifying validity of the request for investigation.

**CONTRACTOR EMPLOYEES.** If the request is for a Top Secret clearance, this individual must be the Facility Security Officer (FSO) or other OODEP. For all other requests, this individual must be the FSO or a designee.

**b. TITLE OF CERTIFIER.** List the title of individual certifying the request for investigation.

**c. SIGNATURE OF CERTIFIER.** Signature of individual authorized to request investigation.

**d. DATE SIGNED BY CERTIFIER.** Enter the date this form is signed.

**e. TELEPHONE NUMBER.** List the telephone number, including area code and/or Defense Switched Network (DSN) of the certifying official.

**20. EMPLOYEE'S IMMEDIATE SUPERVISOR'S CERTIFICATION.**

If request is for an upgrading of a currently held clearance or for a Periodic Reinvestigation (PR), the subject's immediate supervisor MUST complete the certification. Certification by the immediate supervisor does not require review of the completed SF 85P/SF 86 by the supervisor.

If the electronic DD Form 1879 is utilized, the requester must retain an originally signed document from the employee's immediate supervisor certifying the absence or presence of any adverse information. This documentation must be retained with a copy of the electronically generated DD Form 1879, signed by the requester, until the clearance process is complete. The employee's immediate supervisor documentation must contain the following:

**a. ADVERSE INFORMATION.** Self-explanatory.

**b. IMMEDIATE SUPERVISOR.** Type full name of immediate supervisor.

**c. TITLE.** List the title of immediate supervisor.

**d. SIGNATURE.** Signature of immediate supervisor.

**e. DATE SIGNED.** Enter the date this form is signed.

**f. TELEPHONE NUMBER.** List the telephone number, including area code and/or DSN number of the immediate supervisor.